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			REPORTS INVENTORY					CONTROL NO.	
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PREPARE IN DUPLICATE									
1. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE X STATISTICAL									
OF NARRATIVE									
Expense Obligation Summary REPORT MACHINE-NAME LIV									
			PERSONNEL			TRAINING		ADMIN. GENERAL	
3. FUNCTIONAL AREA			LOGISTICS		SECURITY			OTHER (specify)	
			MEDICAL		X				
4. NO. OF COPIES PREPARED					nthly, quarterly, etc.)		tc.)	6. DISTRIBUTION (No. of components not	
number of copies)									
			Monthly					48	
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7. FORMAT (memorandum, form 8. ADP PROCESSING 9. DIRECTIVE AUTHORITY REQUIRING REPORT computer print-out, etc) X YES IF YES GIVE ADP PROCESSING NO.									
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Machine Listing NO									
10. PREPARING COMPONENT (include lowest level FEEDER REPORTS (State total number and identify by Title,									
contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.)									
Accounts									
12. COST FACTORS									
A. MANUAL PREPARATION AND REVIEW COSTS									
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B. COSTS OF COMPUTER PRODUCED REPORTS									
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13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in Item 9). IF KNOWN,									
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.									
									
14. FUTURE GOALS									
GOAL PROPOSED BY COMPONENT FOR THIS REPORT								ESTIMATED SAVINGS	
RETAIN AS IS OTHER (explain)								MAN-HOURS DOLLARS	
CHANGE									
DISCONTINU									
16. DATE OF INVE	NTORY	17.	NAME AND TITLE O	F PERSO	N F	JRNISHING INFORM	ATION	18. EXTENSION	
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